Transitions:
Absence and Reentry to School for Children with Special Health Care Needs

Help Desk Resource: Study Guide

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Definition of Help Desk Resource

This Help Desk Resource is created specifically for school leaders to help children with special health care needs (CSHCN) transition back into a school setting after short and/or long-term absence. The resource focuses on statistics concerning SHCN, a list of common SHCN, services available for children and families in-school and out of school, and a rationale for why this topic is important for school leaders to be informed on. The study guide goes over a glossary of commonly used abbreviations and terms, a case study, discussions questions, frequently asked questions, and an annotated bibliography.
**Glossary**

The following is a list of commonly used terms throughout the Help Desk Resource and their definitions and/or their abbreviations:

1. **(SCHCN) Children with Special Health Care Needs** - “Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (The National Survey of Children with Special Health Care Needs, 2005, p. 5).

2. **SHCN- Special Health Care Needs**: This abbreviation SHCN is used frequently throughout the help desk resource.

3. **NSCSHCN- National Survey of Children with Special Health Care Needs 2005-2006**: A survey conducted in the United States surrounding finding out national and state data on children with special health care needs and how it effects different aspects of their lives.

4. **Individualized Education Plan (IEP)**: An IEP is an individualized educational plan for children with disabilities that affect their learning. An IEP is a set of goals and requirements established specifically for the individual. IEP’s must be reviewed and changed (Department of Education, 2007).

5. **504 Plans** - The Section 504 regulations oblige all school districts to provide a "free appropriate public education" (FAPE) to each eligible student with a disability. The school must provide this service regardless of the nature or severity of the child’s disability. Under Section 504, regular and special education must provide related aids and
services designed to help students meet their individual educational needs to the same measure of students who are nondisabled (Department of Education, 2011).

The following is a list of conditions that are considered special health care needs; their definitions can be found in the Help Desk Resource Power Point slides:

1. Allergies
2. Asthma
3. Attention Deficit Hyperactivity Disorder (ADHD)
4. Emotional Disorders (for example, anxiety and depression)
5. Migraines or Frequent Headaches
6. Mental Delays
7. Autism and Autism Spectrum Disorders (ASD)
8. Cerebral Palsy
9. Joint Problems
10. Pregnancy
11. Seizure Disorders
12. Heart Problems
13. Blood Problems
14. Diabetes
15. Down Syndrome
16. Muscular Dystrophy
17. Cystic Fibrosis

*Please note, there other conditions that fall under the term “special health care needs,” but the conditions above are the most frequent according to the National Survey of Children with Special Health Care Needs 2005-2006.
Case Study

The following is a case study of a simple intervention helping a child with a special health care need. The child has a heart condition/problem.

Pre-Intervention

Twelve-year-old Sam has a heart condition, transposition of the great arteries. Sam’s specific condition is under control after surgery, but he must take medication twice a day. Sam’s special health care need (SHCN) only effects his functioning in school, in regards to physical activity. Sam may not participate in contact sports, activities that require long distance running, or any activity that may put a strain on his heart.

Sam has just entered middle school. His elementary school was aware of his heart condition, and had a program in place with replacement activities for Sam. Sam’s new school was unaware of his heart condition, and when Sam told the gym teacher he could not participate in gym class during the mile run, the gym teacher objected and told Sam everyone had to participate to pass the gym class. Sam ran the mile to the best of his ability, but soon became short of breath and had an ache in his chest. Sam went to the nurse and explained the situation to her. The nurse called Sam’s parents to find out more details on Sam’s “excuse” for not completing the mile run.

Intervention

The nurse called Sam’s parents and discussed his condition with the two of them; his parents were furious with the gym teacher for pushing Sam to hard in class. The gym teacher, nurse, and principal sat down with Sam’s parents and discussed an intervention plan for Sam in regards to gym class. The gym teacher spoke with Sam’s previous elementary school teacher to find safe alternatives for Sam that still aligned with the state standards in physical education.
Rather than having Sam run the mile run, he walked. There were also games restructured to allow for Sam to play. The staff at Sam’s school are all now aware of Sam’s condition and how it effects his daily functioning in school; with this knowledge the staff now know how to accommodate for Sam’s special health care needs.

Children with special health care needs typically require that adults in the school be made aware of their condition and prepared to accommodate when necessary. Examples of these accommodations include permitting a student to visit the nurse, providing the student a front row seat, altering physical education tasks, or providing increased access to water or restroom facilities. The interventions implemented for children with special health care needs revolve around the child’s individual needs. These special health care needs generally warrant what is called a 504 Plan to ensure that they are not discriminated against. Sam would benefit from a 504 Plan. This is a legally binding document that explains Sam’s physical condition and lists all required accommodations as agreed upon by the 504 team. This plan allows Sam to move between buildings in a district, or even transfer into another district, and the 504 Plan remains part of his school record eliminating any interruption in services. Since Sam’s condition does not impede his learning, but could effect his access to successful instruction and learning if provisions are not provided, an Individualized Education Plan (IEP) is not required.
Discussion Questions

Here are a few discussion questions, you can discuss with your school staff members pertaining to children with special health care needs and how it directly effects your specific school environment.

- What special health care needs can I identify in the school I work for?

- Do any students have special health care needs that perhaps warrant educating their peers? (For example: Diabetes—what are symptoms of low or high blood sugar levels?)

- How can the school leaders in the environment help the staff and teachers?

- After a student has been absent, what can be done to monitor the student’s progress?

- What can be done to assist a child with the SHCN in the classroom when he or she is absent for long or short periods of time? Consider the different demands of different content areas or classes.
Frequently Asked Questions (FAQ’s)

Q: Do all children with SHCN require 504 Plans?
A: No. However a good way to determine if a child would benefit from a 504 Plan is if the child would be denied.

A: Q: Who is involved in a child’s transition back to school after being absent?
A: There are a variety of people involved in helping a child transition back into school after being absent for a long or short period of time. The principal, school counselors, parents and the child should all be involved in the reentry process to make sure the child is receiving support.

Q: What can other students do to help?
A: Depending on the SHCN, other students in the class may or may not be informed. The amount of peer support and help depends on the need. If the child has Diabetes for instance, it may be helpful to inform other students on what to look for if the child has low blood sugar, or having a friend to walk the student to the nurse etc.

Q: How long can a student be absent?
A: The duration of a child’s absenteeism depends on the severity and type of SHCN. Research shows, on average, children with SHCN miss seven days and healthy children miss approximately three days per year.
Annotated Bibliography

Bloom, G. (2004). Dear principal: The district office, school staff and community member have a huge impact on the efficacy of their principals. Here are some questions they should ask about what they demand from their principals as they consider ways to help principals succeed. *Leadership*, (33)3, 8-10. Retrieved from https://courseweb.pitt.edu/bbcswebdav/courses/2124_UPITT_PSYED_2524_SEC1030/2004BloomDearPrincipal%281%29.pdf

The article *Dear Principal* focuses on the role of the principal, the district office staff, and the school staff and community. The author Gary Bloom, is currently the Associate Director of the New Teacher Center at University of California Santa Cruz and a former superintendent and principal therefore he understands the a jack-of-all-trades aspect associated with being a principal. The principal’s responsibilities range from creating a safe school environment, to going over office discipline referrals, to maintenance. With principals across the country reaching and exceeding 60 hours a week, there has to be collaboration with other staff members to make the workload not only doable, but also influential. The article provides examples of how principals, staff members, and district office members can be more effective. For instance, everyone involved must be aware of time constraints, have realistic expectations, give and receive support, and manage situations appropriately- only involving the principal when necessary. School communities have to distribute the workload, and this allows principals to create change within the school environment. Being aware of how staff can support one another through budget cuts, lack of resources, and every day difficulties creates a more manageable work environment for all staff members, allowing real change to occur within the school community. The joint collaboration results in an effective school environment for staff and children attending school.


This article focuses on the school outcomes for children with special healthcare needs.
(CSHCN). The authors are qualified to address this topic because they each work closely with children with varying illnesses and conditions. Christopher Forrest and Katherine Bevans both work at The Children’s Hospital of Philadelphia in the General Pediatrics Department and for the University of Pennsylvania’s School of Medicine. Anne Riley works for the Department of Population and Family Health Sciences and Department of Biostatistics at Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. The last author Thomas Louis works for the Department of Family and Community Medicine at Marshall University School of Medicine in Huntington, West Virginia. The study looks at 1457 children in fourth through sixth grade, from 34 schools, in three districts, along with their parents, participated in this study to see if there are any correlations between CSHCN and poor outcomes in school. Students and parents were given online and paper-and-pencil surveys and self-reports; 33.3% of the students screened positive for special health care needs (SHCN). Children who qualified for SHCN were associated with more days absent (on average four more days than other peers), poor student engagement, behavioral threats to achievement, more exposure to bullying, and lower academic achievement. The study expresses the importance of collaboration between schools and health care professionals for CSHCN, and constructing universal prevention and intervention initiatives such as, anti-bullying programs, mental health counseling, referral programs, and community services for student who cannot get to school due to healthcare complications or for children whose needs are not met in school. This article highlights the importance of collaboration between schools, especially staff professionals and healthcare providers, so CSHCN can succeed in an educational environment while having a chronic illness. It is important for school leaders to be aware of CSHCN because there are many risk factors associated with having a SHCN that cumulate on top of having an illness (i.e. listed above, lower achievement, bullying, behavior problems). These risk factors will affect how children perform in school, interact with other students and staff, and daily school procedures.

On average, “half of all children diagnosed with a chronic illness are absent from school frequently or for extended periods of time” (Kaffenberger, 2006, p. 223). Educational adaptations should be in place to help these students make successful transitions back into school. The purpose of this article is to identify the challenges that schools face in their efforts to help students with chronic illness and other varying conditions return to school. The author, Carol J. Kaffenberger is an assistant professor in the Counseling and Development Program at George Mason University in Fairfax, Virginia. She discusses, barriers schools face in regards to reentry to school for children with chronic illness revolve around “lack of communication, lack of information and training, and unsupportive school system policies” (223). The absenteeism varies according to the diagnosis of the child, but on average children with chronic conditions miss 16 days compared to the 5.7 days “healthy” children miss. The longer the child is absent the harder the transition back to school becomes. “Prolonged absences contribute to a sense of helplessness, despair, and they interfere with coping and rehabilitation” (224). Also CSHCN are more likely to fall behind in schoolwork, report negative feelings towards school, and develop behavior problems including anxiety, depression, and social withdrawal. When returning to school studies demonstrate there are more positive outcomes when schools, families, and hospital teams work together. The article lists strategies for working with children with chronic illnesses, and describes the crucial role of the school counselor and school professionals in making the transition process successful. This information is important to school leaders because chronic illness itself has a direct effect on academic achievement (224), without considering the other indirect risk factors associated with children having special health care needs. It is important for school leaders to understand the issues children in the school are facing and how to help them. Forty-five percent of students with a chronic illness report falling behind in their schoolwork, and often have contributing negative feelings about school (224). With almost half the students with a chronic illness doing poorly in school or having negative feelings about school, it is a topic that should be addressed and understood by school professionals because part of their job is to ensure all students are participating in school
to the best of his or her ability.

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Many articles focus on children with special health care needs, but rarely do they focus on how this affects children in a school setting. This article directs attention to the importance of psychoeducational and emotional functioning of children with chronic illnesses in school. The author of this article Wilma Peebles-Wilkins is more than qualified to discuss children with special health care needs in a school setting. She was the Associate Dean for Academic Affairs at Boston University School of Social Work, was the Director of the Social Work Program, Associate Head of the Department of Sociology, Anthropology, and Social Work, and an Associate Professor at NCSU. The article emphasizes time should be devoted to training school professionals on how to recognize symptoms of illnesses, how to respond to a child if his or her illness effects them while in school, how to help with cognitive functioning and building confidence in CSHCN, and how to create a safe, positive school climate for these individuals. Being able to identify signs and symptoms of common disorders is important to school leaders and professionals because the amount of SHCN are increasing. For example, a few years ago childhood obesity would not have been considered a SHCN, and now childhood obesity is considering an epidemic in the United States. With varying conditions being more prominent in childhood, it is important for school leaders to be educated on how these conditions may be seen and affect children in school settings, along with rules and regulations that may need to be put into place to ensure the safety, quality of education, and needs are being met for this population of children.


The foundation of this article is leadership, and the ability to go beyond a checklist of “do’s” and “don’ts” to create improvement in all aspects of school life. Joann Rooney,
the author of this article is qualified to discuss this topic due to her experience. She is currently co-director of the Midwest Principals' Center in Palatine, Illinois. Leadership goes beyond what should be done and focuses on the actions that take place. Principals must believe in themselves, staff, teachers, and students to truly be a leader. The article emphasizes the importance of principals taking time to reflect, network with other professionals, take risks at school, and articulate what is important to them, among other ideas when in a leadership role. Overall, the article advocates effective leadership is not one skill to be taught, it is a process.
References


